



11-19-03 PTO/SB/21 (08-03)

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2188

TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>		Application Number	09/802,017
		Filing Date	March 8, 2001
		First Named Inventor	Saulsbury, Ashley
		Art Unit	2188
		Examiner Name	Portka, Gary J. Technology Center 2100
Total Number of Pages in This Submission		Attorney Docket Number	016747-009910US

ENCLOSURES (Check all that apply)			
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s)	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) <small>(please identify below):</small> Copies of four (4) cited references Return Postcard	
		Remarks The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430.	

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm or Individual	Townsend and Townsend and Crew LLP Chad S. Hilyard	Reg. No. 40,647
Signature		
Date	November 3, 2003	

CERTIFICATE OF TRANSMISSION/MAILING			
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.			
Typed or printed name	Nina L. McNeill		
Signature		Date	November 3, 2003



FEE TRANSMITTAL for FY 2004

Effective 10/01/2003. Patent fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT | (\$) 180

Complete if Known

Application Number 09/802,017

Filing Date March 8, 2001

First Named Inventor Saulsbury, Ashley

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NOV 12 2003

Examiner Name Portka, Gary J.

Art Unit 2188 Technology Center 2100

Attorney Docket No. 016747-009910US

METHOD OF PAYMENT (check all that apply)

Check Credit Card Money Order Other None
 Deposit Account:

Deposit Account Number 20-1430

Deposit Account Name Townsend and Townsend and Crew LLP

The Director is authorized to: (check all that apply)

- Charge fee(s) indicated below Credit any overpayments
 Charge any additional fee(s) or any underpayment of fee(s)
 Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

FEE CALCULATION

1. BASIC FILING FEE

Large Entity	Small Entity	Fee Code (\$)	Fee Code (\$)	Fee Description	Fee Paid
1001 770	2001 385	Utility filing fee			
1002 340	2002 170	Design filing fee			
1003 530	2003 265	Plant filing fee			
1004 770	2004 385	Reissue filing fee			
1005 160	2005 80	Provisional filing fee			

SUBTOTAL (1) (\$)

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

Total Claims	Independent Claims	Multiple Dependent	Extra Claims	Fee from below	Fee Paid
				X	=

Large Entity Small Entity

Fee Code (\$)	Fee Code (\$)	Fee Description
1202 18	2202 9	Claims in excess of 20
1201 86	2201 43	Independent claims in excess of 3
1203 290	2203 145	Multiple dependent claim, if not paid
1204 86	2204 43	** Reissue independent claims over original patent
1205 18	2205 9	** Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) (\$)

**or number previously paid, if greater; For Reissues, see above

FEE CALCULATION (continued)

3. ADDITIONAL FEES

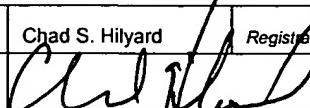
Large Entity	Small Entity	Fee Code (\$)	Fee Code (\$)	Fee Description	Fee Paid
1051 130	2051 65	Surcharge - late filing fee or oath			
1052 50	2052 25	Surcharge - late provisional filing fee or cover sheet			
1053 130	1053 130	Non-English specification			
1812 2,520	1812 2,520	For filing a request for reexamination			
1804 920*	1804 920*	Requesting publication of SIR prior to Examiner action			
1805 1,840*	1805 1,840*	Requesting publication of SIR after Examiner action			
1251 110	2251 55	Extension for reply within first month			
1252 420	2252 210	Extension for reply within second month			
1253 950	2253 475	Extension for reply within third month			
1254 1,480	2254 740	Extension for reply within fourth month			
1255 2,010	2255 1,005	Extension for reply within fifth month			
1401 330	2401 165	Notice of Appeal			
1402 330	2402 165	Filing a brief in support of an appeal			
1403 290	2403 145	Request for oral hearing			
1451 1,510	1451 1,510	Petition to institute a public use proceeding			
1452 110	2452 55	Petition to revive – unavoidable			
1453 1,330	2453 655	Petition to revive – unintentional			
1501 1,330	2501 655	Utility issue fee (or reissue)			
1502 480	2502 240	Design issue fee			
1503 640	2503 320	Plant issue fee			
1460 130	1460 130	Petitions to the Commissioner			
1807 50	1807 50	Petitions related to provisional applications			
1806 180	1806 180	Submission of Information Disclosure Stmt			180
8021 40	8021 40	Recording each patent assignment per property (times number of properties)			
1809 770	2809 385	Filing a submission after final rejection (37 CFR § 1.129(a))			
1810 770	2810 385	For each additional invention to be examined (37 CFR § 1.129(b))			
1801 770	2801 385	Request for Continued Examination (RCE)			
1802 900	1802 900	Request for expedited examination of a design application			
Other fee (specify) _____					

*Reduced by Basic Filing Fee Paid SUBTOTAL (3)

(\$180)

SUBMITTED BY

Complete (if applicable)

Name (Print/Type)	Chad S. Hilyard	Registration No. (Attorney/Agent)	40,647	Telephone	303-571-4000
Signature				Date	November 3, 2003

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